

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00448

116

Reg. Dist. No. ....

1. PLACE OF DEATH:  
 County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....Life  
 Hospital, institution, or street address where death occurred:  
 304 Henry St.  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Maryland County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....304 Henry St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3.(a) FULL NAME  
 Arintha Dodson Bell

3.(b) Social Security Number  
 -

4. Sex  
 Female

5. Color or race  
 White

6.(a) Single, married, widowed, or divorced  
 Married

6.(b) Name of husband or wife  
 Clement Augustus Bell

6.(c) If alive, give age.....70.....years

7. Birth date of  
 deceased (mo., day, yr.)  
 Sept. 23, 1883.

8. AGE: Years Months Days If less than one day  
 61 4 2 .....hrs. ....min.

9. Birthplace.....Kingston, Somerset Co., Md.  
 (Town, county, and state)  
 Domestic

10. Usual occupation.....

11. Industry or business Home

12. Name.....Edward E. Dodson

13. Birthplace Virginia

14. Maiden name Mary Ann McClean

15. Birthplace New Castle, Delaware

16. Informant C. Augustus Bell

Address Cambridge, Md.

17. Burial Date thereof Jan. 27, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Md.

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Md.

19. 1/26/1945 John MacG. mdr Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan. 25, 1945, at 10:25P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 19.42, 10. Jan 25 19.45  
 and that I last saw him alive on Jan. 25 19.45

Immediate cause of death.....Myocarditis Chronic DURATION 2 yrs

Due to.....

Due to.....

Other conditions Carcinoma - Esophagus Metastasis in Lungs DURATION 2 yrs  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE J. K. Spriss M.D. M. D. or other  
 Address Cambridge, Md. Date signed Jan 26/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

## CERTIFICATE OF DEATH

00449

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....Dorc hester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....Unknown  
 Hospital, institution, or street address where death occurred:  
 .....Eastern Shore State Hospital  
 How long in hospital or institution?.....2 yrs. 1 mon. 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....Mar land County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....402 Academy St.  
 (If rural, give location)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Maggie Bryan

## 3. (b) Social Security Number

none

4. Sex.....Female  
 5. Color or race.....White  
 6.(a) Single, married, widowed, or divorced.....Widowed

6.(b) Name of husband or wife.....William Bryan

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.).....December 25 1860

8. AGE: Years.....84 Months.....0 Days.....13  
 If less than one day.....hrs. ....min.

9. Birthplace.....Dorchester Co. Maryland  
(Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business.....Own home

12. Name.....Ingraham Kinney

13. Birthplace.....unknown

14. Maiden name.....Anne McAllister

15. Birthplace.....unknown

16. Informant.....Hospital Records

Address.....Cambridge Md.

17. Burial.....Jan. 9, 1944  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....East New Market Cemetery

Location.....East New Market, Maryland

18. Funeral director.....LeCompte's Funeral Service

Address.....Cambridge, Maryland

19. Jan. 9, 1945 John Maw Jr. M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 7, 1945, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5, 1942, to Jan 7, 1945.

and that I last saw her alive on January 7, 1945.

Immediate cause of death.....DURATION

Chronic Myocarditis &amp; myocardial Degeneration.....unknown

Due to.....

Senility.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; contribute

Accident, suicide, or homicide.....Accident.....Date of.....August 5

Where did injury occur?.....Cambridge.....Dorchester.....1943  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....Hospital

Means of injury.....Accidental fall.....Injured at work?

23. SIGNATURE.....M. D. or other

Address.....E. S. S. Hosp Cambridge Date signed.....Jan 7/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13122

## CERTIFICATE OF DEATH

00450

Reg. Dist. No. 115 115

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Fishing Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Home  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Fishing Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Fishing Creek  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Kate Phillips Cannon

Sarah Catherine

## 3. (b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1945 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 10, 1945, to Jan. 12, 1945  
 and that I last saw her alive on Jan. 12, 1945

Immediate cause of death

Coronary occlusion

DURATION

1 hour

Due to

Due to

Other conditions

Cardio-Renal Circulator shock15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. X

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James W. Meade M.D.  
Fishing Creek, Md.  
 Date signed Jan 14, 1945

M. D. or other

Address

6. (b) Name of husband or wife John H. Cannon  
(Deceased)6. (c) If alive, give age - years

## 7. Birth date of deceased (mo., day, yr.)

Mar. 28, 1857

## 8. AGE:

Years

Months

Days

If less than one day

87914

hrs.

min.

9. Birthplace Golden Hill, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Domestic

## 11. Industry or business

Home

## FATHER

## 12. Name

John R. Phillips

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Mary Ann Burton

## 15. Birthplace

Maryland

## 16. Informant

Mrs. Preston Cannon

## Address

Fishing Creek, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 14, 1945  
(month) (day) (year)

## Cemetery or crematory

Hoosier Memorial Cemetery

## Location

Fishing Creek, Maryland.

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Maryland.19. Date rec'd by registrar Jan. 14, 1945

James W. Meade  
 LOCAL Registrar

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00451

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
High Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. High Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Ann Tondelayo Chester

## 3.(b) Social Security Number

4. Sex F. 5. Color or race wh. 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 19448. AGE: Years 11 1/2 Months 1 Days 1 It less than one day  
hrs. min.9. Birthplace Cambridge, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Walter Chester13. Birthplace Md.MOTHER 14. Maiden name Eulalyon Chester15. Birthplace Md.

16. Informant

Address

17. Jan 22 Date thereof Jan 22 1945  
(Month) (day) (year)Cemetery or crematory Silant CityLocation Cambridge Md18. Funeral director Levin H. BonhommeAddress Cambridge Md19. 1/22/45 19 45 John Macgill, MD  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 45 at 7:47 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 45 to Jan 21 19 45 and that I last saw him/her alive on Jan 15 19 45Immediate cause of death Brain & PulmonaryDURATION 1 day

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Macgill, MD M. D. or otherAddress Cambridge Md Date signed 1-22-45

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FEB 6 1945  
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Rel*

## CERTIFICATE OF DEATH

00452

Reg. Dist. No. *116*

1. PLACE OF DEATH:  
County *Dorchester*  
City or town *near Cambridge*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? *1 day*  
Hospital, institution, or street address where death occurred:  
*Maple Dam Road*  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *Maryland* County *Dorchester*  
City or town *Church Creek*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. *Old Field Road*  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

*James E. Cromwell*

### 3. (b) Social Security Number

4. Sex *male* 5. Color or race *colored* 6.(a) Single, married, widowed, or divorced *married*  
B.(b) Name of husband or wife *Lydia Jackson*  
7. Birth date of deceased (mo., day, yr.) *May 2, 1892* 6.(c) If alive, give age *48* years  
8. AGE: Years *52* Months *8* Days *22* If less than one day  
.....hrs. ....min.

9. Birthplace *North Carolina*  
(Town, county, and state)  
10. Usual occupation *Laborer*  
11. Industry or business *Piling*  
FATHER 12. Name *Ashley Cromwell*  
13. Birthplace *N. Carolina*  
MOTHER 14. Maiden name *Sarah Cromwell*  
15. Birthplace *N. Carolina*

16. Informant *Lydia J. Cromwell*  
Address *Church Creek, Maryland*  
17. *Burial* Date thereof *Jan. 28, 1945*  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory *Tanglewood Cemetery*  
Location *Cambridge, Md.*  
18. Funeral director *Levin H. Bayman*  
Address *Cambridge, Md.*  
19. *1/27/45* 19 *45* *John Maupf. Jr.*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *January 24* 19 *45*, at *12 noon*  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
.....X.....19....., to.....X.....19.....  
and that I last saw him *X* alive on.....X.....19.....

Immediate cause of death *Injury to Spinal Cord*  
Due to *Fracture of Cervical Vertebrae*  
Due to  
Other conditions  
(Include pregnancy within 8 months of death)  
Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide *accident* Date of *Jan. 24/45*  
Where did injury occur? *nr. Cambridge, Dor. Co. Md.*  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) *in woods*  
Means of injury *Piling fell on him* Injured at work? *yes*  
*Jos. H. Shriver, Dep. Med. Exam*  
23. SIGNATURE M. D. or other  
Address *Cambridge, Md.* Date signed *Jan. 25/45*

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

00453

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State.....Maryland County.....Dorchester  
City or town.....Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....310 Lakeside St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
Mr. Elmer L. Cross

3. (b) Social Security Number  
none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife.....Emma Miller  
7. Birth date of deceased (mo., day, yr.) Sept. 8 - 1863 6.(c) If alive, give age..... years  
8. AGE: Years 81 Months 4 Days 15 If less than one day..... hrs. .... min.

9. Birthplace.....Beelville, Ohio  
(Town, county, and state)  
10. Usual occupation.....Education, Teacher in  
11. Industry or business.....Public Schools Retired

FATHER 12. Name.....Aaron A. Cross  
13. Birthplace.....Ohio  
MOTHER 14. Maiden name.....Elvira Culver  
15. Birthplace.....Ohio

16. Informant.....Kenneth L. Cross  
Address.....Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof.....Jan 26 - '45  
(month) (day) (year)  
Cemetery or crematory.....Lakeside  
Location.....Goner, Alef.

18. Funeral director.....Kenneth L. Thomas  
Address.....Cambridge, Md.

19. 1/26/45 19 45  
(Date rec'd by registrar) Registrar John Maca...

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan 23 19 45 at 6:30 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 to Jan 28 19 45  
and that I last saw him alive on Jan 22 19 45

Immediate cause of death.....Chronic Myocarditis DURATION 3 yrs  
Due to.....Atherosclerosis 3 yrs  
Due to.....  
Other conditions.....Anemia

(Include pregnancy within 3 months of death)  
Major findings of operations.....  
Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE.....J. B. Shriver, M.D. M. D. or other  
Address.....Cambridge, Md. Date signed Jan 24/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 6 1945  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

## CERTIFICATE OF DEATH

00454

Reg. Dist. No. 113

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Smithville  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) life  
 Stay in this community (yrs., or mos., or days)

## 3. (a) FULL NAME

Mary J. Ellis

## 4. Sex

Female

## 5. Color or race

C

## 6. (a) Single, married, widowed, or divorced

widow

6 (b) Name of husband or wife John Ellis

6 (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

1-6-1866

## 8. AGE:

77

Months

7

Days

hrs.

min.

## 9. Birthplace

Taylor's Island, Md.  
 (Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

William Hooper

## 13. Birthplace

Md.

MOTHER

## 14. Maiden name

Susian Hooper

## 15. Birthplace

Md.

## 16. Informant

Marie Woolford

## Address

Smithville Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

1-17-45  
 (month) (day) (year)

## Cemetery or crematory

Cemetery

## Location

Smithville Md.

## 18. Funeral director

Lewis A. Henry

## Address

Cambridge Md.

## 19. Date rec'd by registrar

Jan. 17 1945

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rural Ward No. \_\_\_\_\_  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street No. Smithville Md.  
 (If rural give LOCATION)

## 2(a) IF VETERAN, NAME WAR

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jan. 13 - 1945 at 3 P M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to 1/10 1945  
 and that I last saw him alive on 1/12 1945

## Immediate cause of death

arteriosclerosis  
valvular disease  
hypertension

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings:

## Of operations

## Of autopsy

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

## 23. SIGNATURE

Jan. 17 1945 neild  
 Address Cambridge Md. Date signed 1/16-45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all life

Hospital, institution, or street address where death occurred:

Cannock Mt. HospiceHow long in hospital or institution? 1 hour

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 11th St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Rudy Ann Gullen

## 3.(b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31-19458. AGE: Years Months Days If less than one day  
1 hrs. min.9. Birthplace Cambridge  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Lawrence Randolph Gullen13. Birthplace Winchester, Va.14. Maiden name Cecilia Mae Lewis15. Birthplace Finkwood, Md.16. Informant Mrs Gladys C CannonAddress Cambridge, Md.17. Burial Date thereof Feb 1-1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director Kenneth D. ThomasAddress Cambridge, Md.19. 2/1/45 19 45 Janmond  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 19 45 at PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/31/1945 to 11/31/1945and that I last saw him alive on 1/31/45 19 45Immediate cause of death Pneumonia (6 mos)DURATION 1 hourDue to Cover unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Janmond M.D.Address Cannock Mt Date signed 2/1/45

MAINTAINED BY THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

00456

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County BorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Samuel M. Griffith

## 3. (b) Social Security Number

218-09-6360

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ellie A. Griffith7. Birth date of deceased (mo., day, yr.) July 12 18706. (c) If alive, give age 67 years

## 8. AGE:

Years

Months

Days

If less than one day

74614hrs.min.9. Birthplace Borchester County, Md.  
(Town, county, and state)10. Usual occupation Clerk in Store11. Industry or business General Feed Store12. Name Henry Griffith13. Birthplace Borchester County, Md.14. Maiden name Charlotte Charles15. Birthplace Borchester County, Md.16. Informant Mrs Samuel M. GriffithAddress Hurlock, Md.17. Burial Date thereof Jan 30 1945  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Washington CemeteryLocation Hurlock, Md.18. Funeral director G. G. Harrington & SonAddress Federalburg, Md.19. Jan 30 1945 Chas W Hastings  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 26<sup>th</sup> 1945 at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19<sup>th</sup> to January 19<sup>th</sup>and that I last saw him alive on January 19<sup>th</sup>Immediate cause of death apoplexy(Cerebral Hemorrhage)

## DURATION

1 minute

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myocardialdisease.  
(Include pregnancy within 3 months of death)1 yr +

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W C Harrison MDAddress Hurlock Md. Date signed 1/27/45

CERTIFICATE OF DEATH

RECEIVED

FEB 6 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

## CERTIFICATE OF DEATH

00457

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 years  
Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
How long in hospital or institution? 10 hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

William Harvey

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) December 5, 1879 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 65 Months 1 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business same

12. Name Frank Harvey

13. Birthplace Maryland

14. Maiden name Kelley

15. Birthplace Maryland

16. Informant Francis Harvey

Address East New Market

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof Jan 27 1945  
(month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director F.B. Melboughery

Address East New Market

19. Date rec'd by registrar 1/25/45 John Maw Jr. M.D. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1945 at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1945 to Jan 1945 and that I last saw him alive on January 25 1945

Immediate cause of death Myocardial Failure DURATION 3 days

Due to Chronic Valvular HEART DISEASE ?

Due to RHEUMATIC FEVER ?

Other conditions SLIDING HERNIA RT. ?

(Include pregnancy within 3 months of death)

Major findings of operations NO

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; NO

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. J. Harvey M. D. or other \_\_\_\_\_

Address Cambridge Md Date signed 1/25/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 6 1945  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

00458

## CERTIFICATE OF DEATH

Reg. Dist. No. 113

### 1. PLACE OF DEATH:

County Dorchester  
City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? all of life  
Hospital, institution, or street address where death occurred:  
at home  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. at home  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Dennis Wayne Hurley

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife X

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1944 6.(c) If alive, give age X years

8. AGE: Years X Months 2 Days 3 If less than one day hrs. min.

9. Birthplace Cambridge - Md  
(Town, county and state)

10. Usual occupation none

11. Industry or business

12. Name Leon E. Hurley

13. Birthplace Maryland

14. Maiden name Louise Murphy

15. Birthplace Maryland

16. Informant Leon E. Hurley

Address Vienna - Md

17. Burial Date thereof Jan 18/1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Genetrix

Location Winchester Men Park Cemetery

18. Funeral director F. B. Willoughby Jr

Address East New Market

19. Jan 18 19 45 - Mrs R. L. Wright  
(Date rec'd by registrar) (month) (day) (year) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 19 45 at 29 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 to 19

and that I last saw him alive on 19

Immediate cause of death CONGENITAL MALFORMATION OF HEART

Due to CONGENITAL MALFORMATION OF HEART

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE For H. Shriver, Dep. Med. Exam.

Address Cambridge, Md Date signed Jan 17/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECORDED  
FEB 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00459

Reg. Dist. No. 112

## 1. PLACE OF DEATH:

County DorchesterCity or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

State Neck Road

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. State Neck Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Thorogood Hurley

## 3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Annie Hurley6.(c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) June 27, 1869

8. AGE: Years Months Days If less than one day

75 6 9 .....hrs. ....min.9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Steam Mill E12. Name Henry Hurley13. Birthplace Dorchester County, Maryland14. Maiden name Anne Hurley15. Birthplace Dorchester County, Maryland16. Informant Mrs. Annie HurleyAddress Vienna, Maryland R.F.D.17. Burial Date thereof January 9, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory State's Neck Cemetery Jan 9 1945Location Near Vienna, Maryland18. Funeral director J. J. Thompson and SonAddress Federalburg, Maryland18. Jan 9 1945 Elizabeth D. Craft

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1945, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....

Myocarditis - Chronic

Due to.....

Due to.....

Due to.....

Other conditions.....

.....

.....

.....

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE Dr. K. Shriver, Dep. Med. Exam.Address Cambridge - Md Date signed Jan 6/45

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

RECEIVED  
FEB 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00460

Reg. Dist. No. 64 111

## 1. PLACE OF DEATH:

County DorchesterCity or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Tilghman Jackson

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

Colored

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Sarah Jackson7. Birth date of deceased (mo., day, yr.) about 1859B.(c) If alive, give age - years

## 8. AGE:

Years

Months

Days

If less than one day

About 85--- hrs. - min.9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Farm laborer11. Industry or business Farm

FATHER

12. Name No data available13. Birthplace -

MOTHER

14. Maiden name Joan Davis15. Birthplace Dorchester County, Maryland16. Informant Flossie BryanAddress East New Market, Maryland17. Burial Date thereof January 6, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Petersburg CemeteryLocation Near Hurlock, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. January 4, 1945 S. J. Frampton  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1945 at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- 19 - to - 19 -and that I last saw him - alive on - 19 -Immediate cause of death - DURATIONExhaustion 2 wksDue to Cardio-Renal 1 yrDue to Vascular System -Other conditions Gangrene of right 1 mofoot and ankle

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of Injury - Injured at work? -23. SIGNATURE J. H. Shriver, Dep. Med. Exam.Address Cambridge - Ma. Date signed Jan 4/45

RECEIVED TO DIRECTOR OF STATE DEPARTMENT

CERTIFICATE OF DEATH

RECEIVED TO DIRECTOR OF STATE DEPARTMENT

FORWARDED TO LAUNDRY

RECEIVED  
FEB 7 1945  
BUREAU V.S.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

00461

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 days  
Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
How long in hospital or institution? 3 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town E. New Market Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Secretary Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Mary Frances Jenkins

### 3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 18, 1945 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months 0 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace East New Market Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Rudolph Jenkins

13. Birthplace Hurlock Md.

14. Maiden name Mary Etta Slacum

15. Birthplace E. New Market, Md.

16. Informant Rudolph Jenkins

Address E. New Market Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 23, 1945  
(month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market Md.

18. Funeral director H. H. Willoughby & Son

Address East New Market, Md.

19. 1-28- 19 45 John Mason Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 19 45, at 4:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 18 19 45 to January 22 19 45 and that I last saw him on January 22 19 45

Immediate cause of death Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 1/22/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00462

Reg. Dist. No. 110

1. PLACE OF DEATH: *Wicomico Dorchester*County *Eldorado Md.*  
City or town *Eldorado*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *20 years*Hospital, institution, or street address where death occurred *Roderdale P.O.*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For infants give residence of mother)  
State *Md.* County *Wic Dorchester*City or town *Eldorado*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *P.O. - Roderdale Md.*  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

*Elijah William Kelley*

## 3. (b) Social Security Number

4. Sex *Male* 5. Color of race *White* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Mary Elizabeth Kelley*7. Birth date of deceased (mo., day, yr.) *Oct. 15-1864* 6. (c) If alive, give age *67* years8. AGE: Years *80* Months *2* Days *28* If less than one day  
hrs. min.9. Birthplace *P.O. - Snow Hill Md.*  
(Town, county and State)10. Usual occupation *Farmer*11. Industry or business *Farmer*12. Name *Mrs. Ashbury Kelley*13. Birthplace *P.O. - Berlin Md.*14. Maiden name *Mary Eschum*15. Birthplace *P.O. - Snow Hill Md.*16. Informant *Mrs. Africa Hooker*Address *116 Walnut St. - Salisbury Md.*17. Burial (Burial, cremation, or removal. Which?) *Burial* Date thereof *Jan. 16-45*  
(month) (day) (year)Cemetery or crematory *Charles Smullen Cem.*Location *Norchester County Md.*18. Funeral director *Holloway & Co. Walter R. Holloway*Address *Salisbury Md.*19. *Jan 15-45* (Date rec'd by registrar)Registrar *W. L. Hastings*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Jan. 13* 19*45* at *5:10p* M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 4* 19*45* to *Jan 13* 19*45*and that I last saw him alive on *Jan 13* 19*45*Immediate cause of death *Infarction*DURATION *9 days*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury Injured at work?

23. SIGNATURE *H. S. Kuhn* M. D. or otherAddress *Sharpton Md.* Date signed *1/13/45*

RECEIVED

FEB 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00463

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge R 7 D  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge R 7 D #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. 7

(If rural, give LOCATION)

2. (a) If veteran, name war none

## 3. (a) FULL NAME

May Lindner

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Gertrude Pohl6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) July 30 - 18718. AGE: Years 73 Months 5 Days 22 It less than one day hrs. min.9. Birthplace Germany  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Carl Bernard Lindner13. Birthplace Germany14. Maiden name Angelina Schumann15. Birthplace Germany16. Informant Mrs. Jefferson Brooks Jr.Address Cambridge, Md. R 7 D #117. Burial Date thereof Jan 25 - 45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Dorchester Memorial ParkLocation Cambridge, Md.Funeral director Robert H. ThomasAddress Cambridge, Md.19. 1/26 19 45 John M. B. Thomas

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 19 45 at 7:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 16 19 44 to Jan 22 19 45and that I last saw him alive on Jan 22 19 45

Immediate cause of death

METASTATIC ADENOCARCINOMACARCINOMADue to ADENOCARCINOMADESCENDING COLON

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation ADENOCARCINOMA OFDESC. COLON. Date of op. 1944

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. ThomasAddress Cambridge, Md.M. D. or other 1/24/45

Date signed

RECEIVED  
FEB 6 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

946

## CERTIFICATE OF DEATH

00464

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

2 wks.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Glenburn Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Della Augusta Briley Mace

## 3.(b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Dr. John Mace, Sr.(Deceased)

6.(c) If alive, give age.....years

7. Birth date of

deceased (mo., day, yr.)

May 18, 1874.

8. AGE:

Years

70

Months

7

Days

18

If less than one day

hrs.

min.

9. Birthplace

East New Market, Maryland.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

FATHER

12. Name

Wm. Briley

13. Birthplace

East New Market, Maryland.

MOTHER

14. Maiden name

Sarah Sherman

15. Birthplace

East New Market, Maryland.

16. Informant

Mrs. John Mace, Jr.

Address

Cambridge, Md.

17.

Burial  
(Burial, cremation, or removal, Which?)

Date thereof

Jan. 8, 1945  
(month) (day) (year)

Cemetery or crematory

Christ Church Cemetery

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Md.

19.

Jan 8 - 45  
(Date filed by registrar)19John Mace, Jr., M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan. 6 1945, at 11:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 26 1944, to Jan 6 1945.and that I last saw him alive on Jan 6 1945.

Immediate cause of death

DURATION

Coronary Thrombosis 11 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

Joe K. Shriver, M.D.  
M. D. or other  
Address Cambridge - Md. Date signed Jan 7/45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH

NOTARY PUBLIC

RECEIVED  
FEB 6 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

00465

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### I. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Sept. 26, 1925  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? Sept. 26, 1925

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Federalburg  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. —  
(If rural, give LOCATION)  
2.(a) If veteran, name war —

### 3. (a) FULL NAME

Grace Magers

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Milton Magers

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 24, 1887

8. AGE: Years 57 Months 11 Days 26 If less than one day — hrs. — min.

9. Birthplace Caroline County  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name William Williams

13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Sara Turner

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Helen Lewis

Address Federalburg, Maryland.

17. Burial Date thereof Jan. 23, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hynson Cemetery

Location Near Federalburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. 1/23/45 John Mace Jr. M.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 19 45 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 45 to Jan. 20 19 45 and that I last saw him alive on January 20 19 45

Immediate cause of death Respiratory Failure

Due to Lobar Pneumonia, Rt. lower and middle lobes.

Due to —

Other conditions Cardiac failure

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results Lobar pneumonia, endometritis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Ralph S. Chenoweth M.D.

Address Eastern Shore State Hosp. Date signed 1/20/45

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

## CERTIFICATE OF DEATH

00466

Reg. Dist. No. 116

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all of life  
 Hospital, institution, or street address where death occurred:  
7 Phillips St.  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 7 Phillips St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

3. (a) FULL NAME Mary E. Millard

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed  
 B. (b) Name of husband or wife Wm. H. Millard  
deceased B. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 18-1888  
 8. AGE: Years 56 Months 10 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation house work

11. Industry or business house

12. Name Oste Roberts

13. Birthplace Maryland

14. Maiden name Annie Eccleston

15. Birthplace Maryland

16. Informant Richarda Millard

Address 7 Phillips St. Cambridge Md.

17. Burial Date thereof 1/22/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Cambridge Md.

18. Funeral director Louis D. Baynes

Address Cambridge Md.

19. 1/22/45 John Mac J. M.D. Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1945 at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Chronic Myocarditis 1 yr

Due to Atherosclerosis several

Due to \_\_\_\_\_ years

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ injured at work? \_\_\_\_\_

23. SIGNATURE Jos. H. Shriver, Dep. Med. Exam.

M. D. or other \_\_\_\_\_

Address Cambridge Md. Date signed Jan 19/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

00467

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:  
County Hopkinton  
City or town Secretary  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State \_\_\_\_\_ County \_\_\_\_\_  
City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2(a) if veteran, name war \_\_\_\_\_

3. (a) FULL NAME  
Martha Ann Morris

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

8. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Feb 16 1852 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 92 Months 11 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Ind  
(Town, county, and state)

10. Usual occupation House

11. Industry or business \_\_\_\_\_

12. Name William Hurst

13. Birthplace Ind

14. Maiden name Rhoda Wheatley

15. Birthplace Ind

16. Informant Mrs Hazel Edge

Address Secretary

17. Burial Date thereof Jan 30 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director F.B. McLaughlin

Address East New Market

19. \_\_\_\_\_ 19. \_\_\_\_\_  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1945 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20 1945 to Jan 25 1945

and that I last saw him alive on Jan 25 1945

Immediate cause of death Arteriosclerosis

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. L. Morris

M. D. or other

Address Widow's Md Date signed 1-27-45

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

00468

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
County Cambridge  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 22 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State md County nor.  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 116 West End Ave.  
(If rural, give LOCATION)  
2(a) If veteran, name war none

3. (a) FULL NAME Walter Edgar Owens 3. (b) Social Security Number none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
6. (b) Name of husband or wife Bertha Aaron

6. (c) If alive, give age 45 years  
7. Birth date of deceased (mo., day, yr.) July 21-1869

8. AGE: Years 75 Months 5 Days 29 If less than one day hrs. min.

9. Birthplace Kent County  
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Wm. J. Owens  
13. Birthplace Kent Co.

14. Maiden name Mary Clarity  
15. Birthplace Kent Co.

16. Informant W. Clyde Owens  
Address Cambridge, Md.

17. Burial Burial Date thereof 1/22/45  
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Breunhau  
Location Cambridge, Md.

18. Funeral director Reynolds K. Thomas  
Address Cambridge, Md.

19. 1/22/45 John Man...  
(Date read by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 45 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Due to 1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. Shriver, Dep. Med. Exam.  
M. D. or other

Address Cambridge, Md. Date signed Jan 20/45

MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1672

## CERTIFICATE OF DEATH

00469

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

434 Willis St.

How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 434 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

### 3.(a) FULL NAME

Elmer Billy Paul, Jr.

### 3.(b) Social Security Number

-

#### 4. Sex

Male

#### 5. Color or race

White

#### 6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife -

6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 27, 1944.

8. AGE: Years - Months 6 Days 1 If less than one day

hrs. - min. -

9. Birthplace Cambridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Elmer Billy Paul

13. Birthplace Maryland

MOTHER 14. Maiden name Imogene Bramble

15. Birthplace Maryland

16. Informant Elmer Billy Paul

Address Cambridge, Md.

17. Burial Date thereof Jan. 29, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Md.

19. 1/29/45 John M. J. M.D. Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28, 1945, 4: A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- 19 -, to - 19 -

and that I last saw h. - alive on - 19 -

Immediate cause of death Congenital Malformation of heart

#### DURATION

-

-

-

Due to -

-

Due to -

-

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

-

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

-

23. SIGNATURE John K. Spruins, Dep. Md. Exam.

M. D. or other -

Address Cambridge, Md. Date signed Jan. 29/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SHIVER

C M

CERTIFICATE OF DEATH

1. Name of deceased (Print or type)

2. Sex (Male or Female)

3. Date of birth (Month, day, year)

4. Place of birth (City, State, Country)

5. Usual residence (City, State, Country)

6. Cause of death (State in full)

7. Immediate cause of death (State in full)

8. Underlying cause of death (State in full)

9. Manner of death (Natural, Accident, Suicide, Homicide, Undetermined)

10. Signature of attending physician (Print name and sign)

11. Signature of medical examiner (Print name and sign)

12. Signature of coroner or medical examiner (Print name and sign)

13. Signature of registrar (Print name and sign)

14. Signature of informant (Print name and sign)

15. Signature of funeral director (Print name and sign)

16. Signature of physician (Print name and sign)

17. Signature of medical examiner (Print name and sign)

18. Signature of coroner or medical examiner (Print name and sign)

19. Signature of registrar (Print name and sign)

20. Signature of informant (Print name and sign)

21. Signature of funeral director (Print name and sign)

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

00470

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 406 High St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Cassie Payne

## 3. (b) Social Security Number

4. Sex female 5. Color or race col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife John S. Payne  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Jan 1 1882

8. AGE: Years 63 Months 0 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge, Md Route 3  
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

FATHER 12. Name Ned. Ennalls

13. Birthplace Dorchester Md

MOTHER 14. Maiden name Mary Whalley

15. Birthplace Dorchester C Md

16. Informant Raymond Kane

Address 3526 Wallace St Phila Pa

17. Burial Date thereof 1-12-45  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Wall Cemetery

Location Cambridge, Md.

18. Funeral director Lewis H. Buznes

Address Cambridge, Md.

19. 1-12-45 John Kane Jr  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1945 at 11:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 18 1944 to Jan 9 1945; and that I last saw him alive on Jan 9 1945;

Immediate cause of death Cerebral Hemorrhage DURATION 23 days

Due to Sen Hypertension 1943

Due to \_\_\_\_\_

Other conditions Ch. Myocarditis 1943  
Arteriosclerosis 1944  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Carol M. Hean MD M. D. or other

Address MD on Route 86 Date signed 1-11-45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 69

## CERTIFICATE OF DEATH

00471

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 35 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Orlester F. Peyton

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Eva B.6.(c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) January 7, 18738. AGE: Years 72 Months \_\_\_\_\_ Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Somerset Co., Md.  
(Town, county, and state)10. Usual occupation Dairyman  
self

11. Industry or business

12. Name Sidney F. Peyton  
Md.13. Birthplace Susan A. Powell  
Md.14. Maiden name Nancy Davis15. Birthplace Crisfield, Md.16. Informant burial Date thereof 1/23/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Asbury Cemetery  
Crisfield, Md.

Location

18. Funeral director LeCompte's Funeral Service  
Cambridge, Md.19. 1/23/45 John M. J. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1945 at 9:55 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 15 1944 to January 20 1945  
and that I last saw him alive on January 20 1945Immediate cause of death Acute Bronchopneumonia DURATION 48 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions General arteriosclerosis, Prior to 1942  
myocardial degeneration, pellagra  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles V. Taylor M.D. M. D. or otherAddress Route #2 Cambridge, Md. Date signed 1/20/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

## 3. (a) FULL NAME

Louphine Pinkett

## 3. (b) Social Security Number

220-05-1829

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Louph Pinkett7. Birth date of deceased (mo., day, yr.) January 14, 1945 July 15, 18856. (c) If alive, give age - years8. AGE: Years 59 Months 6 Days 29 It less than one day - hrs. - min.9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Wesley Murray13. Birthplace Dorchester County, Maryland14. Maiden name Laura Cephas15. Birthplace Dorchester County, Maryland16. Informant Mrs. Helen MorrisAddress 1610 Barnes Street, Baltimore, Maryland17. Burial Date thereof January 18, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Diana Colored CemeteryLocation Diana, Maryland18. Funeral director J. J. Frampton & SonAddress Federalburg, Maryland19. January 18 - 1945 Charles Hastings  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Diana  
(If outside city or town limits, write RURAL and give nearest town)Street No. -  
(If rural, give LOCATION)2. (a) If veteran, name War -

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1945 at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

not at all. 19- to 19-and that I last saw him not at all. alive on - 19-Immediate cause of death Cerebral hemorrhage DURATION 1/2 hourDue to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE William C. Harrison MDAddress Hurlock Md. Date signed 1/17/45

UNITED STATES DEPARTMENT OF JUSTICE

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BUREAU U.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1950)

## CERTIFICATE OF DEATH

00473

Reg. Dist. No. 119

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Crocheron, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? entire life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Crocheron  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_ (If rural, give LOCATION)  
 2. (a) If veteran, name war World War # 1

## 3. (a) FULL NAME

John William Wilson Pritchett

## 3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED  
 6. (b) Name of husband or wife Mable Riley Pritchett  
 6. (c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) April 7 1871  
 8. AGE: Years 73 Months 8 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Crocheron, Md.  
 (Town, county, and state)  
 10. Usual occupation Waterman

## 11. Industry or business

12. Name Levin Pritchett  
 13. Birthplace Dorchester County

14. Maiden name Frances Adams  
 15. Birthplace Dorchester County

16. Informant Mrs. Mable R. Pritchett  
 Address Crocheron, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Jan. 6 1945  
 (month) (day) (year)  
 Cemetery or crematory Bethany Churchyard  
 Location Crocheron, Md.

18. Funeral director Kenneth R. Thomas  
 Address Cambridge, Md.

19. Jan 5 1945 Wilson & Pritchett  
 (Date rec'd by registrar) (Signature) Registrar Local

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd. 1945, at 4.00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Embolism, Coronary Artery  
 Due to Phlebitis - Right Leg 3-4 weeks  
 Due to Septicemia - Right arm 6 weeks  
 Other conditions Injury to right hand 6 "  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide accident Date of Mar. 15/44  
 Where did injury occur? Crocheron - Dor. (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) home  
 Means of injury scratched hand Injured at work? yes

23. SIGNATURE J. H. Shriver, Dep. Med. Exam.  
 M. D. or other \_\_\_\_\_  
 Address Cambridge - Md. Date signed Jan 4/45

CERTIFICATE OF DEATH

STATE OF NEW YORK

FILE NO.

DATE OF DEATH

636 103 100 100 100 100 100 100

RECEIVED  
FEB 6 1945  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

00474

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -

Hospital, institution, or street address where death occurred:

Home (407 Race St.)How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 407 Race St.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3.(a) FULL NAME

Ida Virginia Robbins

## 3.(b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Joseph E. Robbins  
(Deceased)6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.)

Jan. 21, 1867.

## 8. AGE:

Years

Months

Days

If less than one day

771010hrs.min.9. Birthplace Thomas, Dor. Co., Maryland.  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name W. E. James13. Birthplace Maryland.14. Maiden name Louise Thomas15. Birthplace Maryland.16. Informant Ben RobbinsAddress Cambridge, Md.17. Burial Jan. 3, 1945.  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Md.19. 1/3/45  
(Date rec'd by registrar)

Registrar

## 22. SIGNATURE

Address Cambridge, Md. Date signed 1/2/45

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1945 at 10: A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30, 1944 to January 1, 1945  
and that I last saw him OR alive on January 1, 1945

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

20 days.

Due to

SENILITY

Due to

Other conditions

APLASTIC ANEMIA ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no.Accident, suicide, or homicide. Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

[Signature]

M. D. or other

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hank

DEPARTMENT OF HEALTH

OFFICE OF HEALTH

RECEIVED  
FEB 6 1945  
BUREAU V.S.

RECEIVED FOR RECORD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 119

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? entire life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Toddville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. none  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Ronnie W. Robinson

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Hattie Robbins  
 6.(c) If alive, give age 57 years  
 7. Birth date of deceased (mo., day, yr.) Nov-9-1888  
 8. AGE: Years 56 Months 2 Days 12 If less than one day  
 hrs. min.

9. Birthplace Toddville  
 (Town, county, and state)  
 10. Usual occupation Dep. Commander  
 11. Industry or business State Police Boat  
 12. Name Jerome Robinson  
 13. Birthplace Toddville  
 14. Maiden name Rachael Robbins  
 15. Birthplace Toddville

16. Informant Mrs. Ronnie Robinson  
 Address Toddville, Md.  
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan 23, 1945  
 (month) (day) (year)  
 Cemetery or crematory Zion M.E. Churchyard  
 Location Toddville, Md.  
 19. Funeral director Kenneth R. Thomas  
 Address Cambridge, Md.  
 19. Jan 22, 1945 Wilbur D. Pritchett  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan 21, 1945 at 2:30 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1944 to Jan 20, 1945  
 and that I last saw him alive on Jan 20, 1945  
 Immediate cause of death Brownie legs embolus  
 DURATION 7 mo.  
 Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE P. H. Tawney M. D. or other  
 Address Cambridge, Md. Date signed Jan 22, 1945

RECEIVED  
FEB 6 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

00476

Reg. Dist. No. 113

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Taylor's Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? -  
 Hospital, institution, or street address where death occurred:  
Returning From Duck Blind  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Taylor's Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Taylor's Island  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

3. (a) FULL NAME  
Theophilus Travers Spicer

3. (b) Social Security Number  
-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Bertha Easter

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1875. 6. (c) If alive, give age - years

8. AGE: Years 69 Months 1 Days 1 If less than one day - hrs. - min.

9. Birthplace Taylor's Island, Dor. Co., Md.  
 (Town, county, and state)

10. Usual occupation Commercial Fisher & Farmer

11. Industry or business -

12. Name Theophilus T. Spicer

13. Birthplace Maryland.

14. Maiden name Elizabeth Keene Travers

15. Birthplace Maryland

16. Informant Mrs. Stapleforte Neild

Address Taylor's Island, Md.

17. Burial Date thereof Jan. 21, 1945.  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Church Cemetery

Location Taylor's Island, Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Md.

19. Jan. 21, 45 Neild  
 (Write rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 45 at 3: P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

- 19 - to - 19 -  
 and that I last saw him - alive on - 19 -

Immediate cause of death Disease of Coronary Arteries - coron

Due to Arterio - Sclerosis

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE J. K. Shriver, Dep. Med. Exam.  
 M. D. or other

Address Cambridge - Md. Date signed Jan. 19, 45

DEPARTMENT OF HEALTH

OFFICE OF DEATH

RECEIVED  
FEB 6 1945  
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

00477

Reg. Dist. No. 110 115

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hoopersville  
 (If outside city or town limits, write RURAL and give nearest town)  
Life  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Home (Hoopersville, Md.)  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Hoopersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural---Hoopersville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3.(a) FULL NAME

Kate Hooper Tyler

## 3.(b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

W. Bradley Tyler

6.(c) If alive, give age 78 years

## 7. Birth date of

deceased (mo., day, yr.) March 11, 1866.

## 8. AGE:

78

Years

9

Months

22

Days

If less than one day

hrs.

min.

9. Birthplace Hoopersville, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Domestic

## 11. Industry or business

Home

## FATHER

## 12. Name

Benjamin Hooper

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Elizabeth Meekins

## 15. Birthplace

Maryland.

## 16. Informant

W. Bradley Tyler

## Address

Hoopersville, Md.

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Jan. 5, 1944  
(month) (day) (year)

## Cemetery or crematory

Tyler Family Lot

## Location

Hoopersville, Md.  
LeCompte's Funeral Service

## 18. Funeral director

Cambridge, Md.

## Address

19. Jan 5  
(Date rec'd by registrar)19 4519 45James W. Meade  
Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1945 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2 19 45, to Jan 3 19 45  
and that I last saw him alive on Jan 2 19 45

Immediate cause of death

Tuberculosis of Lung

## DURATION

10 yrs

Due to

Chronic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James W. Meade M.D.  
Fishing Creek, Md.

M. D. or other

Address

Date signed Jan 4/45

RECEIVED  
FEB 6 1945  
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

00478

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since BirthHospital, institution, or street address where death occurred:  
Cambridge Maryland HospitalHow long in hospital or institution? 1 day 8 hrs 40 mins

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Linkwood  
(If outside city or town limits, write RURAL and give nearest town)Street No. No Number  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Julian Austine Vincent, Jr

## 3. (b) Social Security Number

none4. Sex Male 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife none6. (c) If alive, give age none years7. Birth date of deceased (mo., day, yr.) Jan 11th 19458. AGE: Years 0 Months 0 Days 1 If less than one day 8 hrs. 40 min.9. Birthplace Cambridge Maryland  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Julian A. Vincent13. Birthplace Linkwood, Md.14. Maiden name Elva Jane Webster15. Birthplace Croft, Maryland16. Informant Mr. Julian A. VincentAddress Linkwood Md.17. Burial Date thereof 1/15/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director W. S. ThelanderAddress East New Market, Md.19. 1/15/45 20. John Mawds. Md.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 13th 1945 at 3:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11th 1945 to Jan 13 1945and that I last saw him alive on Jan 13 1945Immediate cause of death Respiratory FailureDue to PrematurityOther conditions Cerebral anoxemia

(Include pregnancy within 3 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Eldridge HedeffordAddress Cambridge Md.Date signed 1-13-45

RECEIVED  
FEB 6 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

00479

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town (Rural) Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? -

Hospital, institution, or street address where death occurred:

Home Cambridge RFD # 2How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town (Rural) Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Cambridge RFD # 2

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3.(a) FULL NAME

Elsie Woolsey Westbrook

## 3.(b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed

## 6.(b) Name of husband or wife

John L. Westbrook(Deceased)6.(c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

March 23, 1891.

## 8. AGE:

53

Years

10

Months

2

Days

If less than one day

- hrs.- min.

## 9. Birthplace

Wilmington, Delaware.

(Town, county, and state)

## 10. Usual occupation

Domestic

## 11. Industry or business

Home

FATHER

## 12. Name

Charles Woolsey

## 13. Birthplace

Pennsylvania

MOTHER

## 14. Maiden name

Mabel Gallaher

## 15. Birthplace

Wilmington, Del.

## 16. Informant

Mrs. Walter Knauer

## Address

Cambridge RFD # 2, Md.

## 17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 28, 1945  
(month) (day) (year)

## Cemetery or crematory

Dorchester Memorial Park

## Location

Cambridge, Md.

## 18. Funeral director

Leggett & SonFuneral Service

## Address

Cambridge, Md.

## 19.

(Date rec'd by registrar)

1/27/45John Maw J. M.

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jan. 24, 1945at 45 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 24, 1941 to Jan 24, 1945  
 and that I last saw him alive on Jan 10, 1945

## Immediate cause of death

tuberculosis of the lungs

## DURATION

5 yrs

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. -

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

John Schneider M.D.  
Cambridge, Md. Date signed Jan 26, 1945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
FEB 6 1945  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

00480

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

121 Choptank Ave.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 121 Choptank Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Thomas Henry Wheeler

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Charlotte Hurley

## 7. Birth date of

deceased (mo., day, yr.)

May 29, 1915.6. (c) If alive, give age - years

## 8. AGE:

Years

Months

Days

If less than one day

2972

hrs.

min.

9. Birthplace Middletown, Maryland.

(Town, county, and state)

10. Usual occupation Laborer11. Industry or business Dairy Products12. Name Thomas B. Wheeler13. Birthplace Maryland.14. Maiden name Mary C. Willey15. Birthplace Maryland.16. Informant Thomas B. WheelerAddress Cambridge, Md.17. Burial 1/4/1945.  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Md.19. 1/3/ 19 45 John M. J. [Signature]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1 19 45 at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 29 19 44 to Jan 1 19 45  
and that I last saw him alive on Dec 30 19 44

Immediate cause of death

DURATION

Myocarditis Chronic1 yr

Due to

Due to

Other conditions

Tonsillitis4 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. R. Shriver, M.D.

M. D. or other

Address Cambridge, Md. Date signed Jan 2/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Shriver

RECEIVED

RECEIVED

RECEIVED

RECEIVED

FEB 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39-0)

## CERTIFICATE OF DEATH

00481

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
Cambridge-Maryland Hospital  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Dor.  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 300 Ind. Ave.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Lora Ellen Willey

## 3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white married

6.(b) Name of husband or wife H. Olin Willey6.(c) If alive, give age 60 1/2 years7. Birth date of deceased (mo., day, yr.) 11/25-1877

8. AGE: Years Months Days If less than one day  
67 2 0 hrs. min.

9. Birthplace Dorchester, Ind.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business own house12. Name Thomas B. Price13. Birthplace Dorchester14. Maiden name Mary Frances Cheyeman15. Birthplace Dor. Co.16. Informant H. Olin WilleyAddress Cambridge, Ind.17. Burial Date thereof Jan. 28  
(Burial, cremation, or removal. Which?) (month) (day), (year)Cemetery or crematory Dorchester MemorialLocation Cambridge, Ind.18. Funeral director Kenneth R. ThomasAddress Cambridge, Ind.19. 1/28/45 John MacFarland  
(Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 19 45 at 11:53 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 15 19 44 to Jan 25 19 45and that I last saw her alive on January 25 19 45

Immediate cause of death

Congestive Heart FailureuremiaDue to arteriosclerotic Cardio-Vascular Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. HefflandAddress M. D. Cambridge MdDate signed 1-26-45

CERTIFICATE OF DEATH

NAME OF DECEASED

PLACE OF DEATH

DATE OF DEATH

RECEIVED

FEB 6 1945

BUREAU

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

00482

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 34 yrs.  
 Hospital, institution, or street address where death occurred:  
303 oakley St.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 303 oakley St.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war -

## 3. (a) FULL NAME

W. Nicholas Williams

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Ethel Bamberger Williams6. (c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

July 19, 1875.

## 8. AGE:

Years

Months

Days

If less than one day

69

5

29

hrs.

min.

9. Birthplace Hurlock, Dor. Co., Maryland.

(Town, county, and state)

10. Usual occupation Retired11. Industry or business -

FATHER

12. Name Charles N. Williams13. Birthplace Maryland

MOTHER

14. Maiden name Margaret L. Hackett15. Birthplace Maryland.16. Informant Mrs. Ethel WilliamsAddress 303 oakley St., Cambridge, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 17, 1945

(month) (day) (year)

Cemetery or crematory Cambridge CemeteryLocation Cambridge, Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan. 17, 1945 John Mace Jr.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1945 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 14 to Jan. 14 1945  
 and that I last saw h. him alive on Jan. 14 - 1945 1945

Immediate cause of death

Heart. Sclerosis

DURATION

Due to

Due to

Other conditions

Prostatic obstruction

(Include pregnancy within 3 months of death)

Major findings of operations

no operationDate of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE

John Mace Jr.  
D. Cambridge, Md.

M. D. or other

Date signed 1/16-1945

RECEIVED

FEB 6 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 00483 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Travers St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Guy Yates Wright

## 3.(b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Romanie Ball Wright6.(c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) Feb. 3, 1871.8. AGE: Years 73 Months 11 Days 24 If less than one day  
hrs. min.9. Birthplace Cambridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name Martin L. Wright13. Birthplace Maryland14. Maiden name Elizabeth Wright15. Birthplace Maryland.18. Informant Cecil WrightAddress Wilmington, Del.17. Brial Date thereof Jan. 30, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Md.18. Funeral director DeCompte's Funeral ServiceAddress Cambridge, Md.19. 1/29/45 John Mace Jr.  
(Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1945 at 2:15P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 26 1945 to Jan 27 1945  
and that I last saw him Jan 27 alive on Jan 27 1945Immediate cause of death Cerebral hemorrhage DURATION 2 daysDue to Hypertensive cardiovascular diseaseDue to ArteriosclerosisOther conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature]M. D. or other 1/29/45Address Cambridge, Md. Date signed 1/29/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hanks

CERTIFICATE OF DEATH

NAME OF DECEASED

PLACE OF BIRTH

MEDICAL CERTIFICATION

RECEIVED  
FEB 6 1945  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital  
2 Mths.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Lakesville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Lakesville  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Edward Wroten

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary Willey Wroten6. (c) If alive, give age 72 years

## 7. Birth date of

deceased (mo., day, yr.)

July 24, 1858.

## 8. AGE:

Years

86

Months

6

Days

4

It less than one day

hrs.

min.

## 9. Birthplace

Lakesville, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Laborer

FATHER

## 12. Name

Robert Wroten

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Llinia Pritchett

## 15. Birthplace

Maryland

## 16. Informant

James T. Wroten

## Address

Baltimore, Md.

## 17.

(Burial, cremation, or removal, Which?)

Date thereof Jan. 30, 1945

(month) (day) (year)

## Cemetery or crematory

Haddaway's Cemetery

## Location

Lakesville, Maryland.

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Md.

## 19.

(Date rec'd by registrar)

1/28/45 John MacG. M.D.  
 Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jan. 27, 45 at 8: A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 28 1944, to Jan. 27 1945  
 and that I last saw him alive on Jan. 27, 1945

## Immediate cause of death

Cerebral vascular  
accident

## DURATION

3 mos.

## Due to

Arteriosclerosis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

John MacG. M.D.  
 Address Cambridge, Md. Date signed 1/28/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

John MacG. M.D.

00484

MINISTRE DU DEPARTEMENT DE LA JUSTICE

CERTIFICATE OF DEATH

RECEIVED  
FEB. 6 1945  
BUREAU V.I.